BUSINESS DECLARATION

1	Name of Firm:			Tax Identification No.:	
2	Address of Firm:			DUNS No.:	
3	a. Telephone Number of	f Firm: b. Fax Number of Firm:			
4	a. Name of Person Maki	. Name of Person Making Declaration			
	b. Telephone Number of Person Making Declaration				
	c. Position Held in the C				
5	Controlling Interest in Co	Controlling Interest in Company ("X" all appropriate boxes)			
	a. Black American	b. Hispanic American	c. Native American	d. Asian American	
	e. Other Minority (Specify)				
g. Female h. Male i. 8(a) Certified (Certification letter attached) j. Service Disabled Veteran				vice Disabled Veteran Small Business	
6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decilimited to financial and management decisions?				decision making, including but not	
	a. Yes b. No (If "NO," provide the name and telephone number of the person who has this authority.)				
7	Nature of Business (Specify all services/products (NAIC)) 238160 Roofing Contractors				
8	(a) Years the firm has be	en in business	(b) No. of Employees		
9	Type of Ownership: a. Sole Ownership b. Partnership				
	c. Other (Explain)				
10	Gross receipts of the firm	n for the last three years:	a.1. Year Ending:	b.1. Gross Receipts	
	a.2. Year Ending:	b.2. Gross Receipts	a.3. Year Ending:	b.3. Gross Receipts	
11	Is the firm a small busin	ess? a. Yes b. 1	No		
12	Is the firm a service disabled veteran owned small business? a. Yes b. No				
13	3 Is the firm a socially and economically disadvantaged small business? a. Yes b. No				
I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING					
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM					
AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.					
14. a. b. Signature			b. Date:		
		d. Title:			

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